



Washington State Department of
Health
Agency Affiliated Counselor
Credentialing
PO Box 47877
Olympia, WA 98504-7877
360.236.4700

Agency Affiliated Counselor Employment Verification

The agency affiliated counselor who is engaged in counseling and employed by or has an offer of employment by an agency or facility operated, licensed, or certified by Washington State, a federally recognized Indian tribe located within Washington State, or a county is required to submit verification of employment.

Please see the [approved agency affiliated lists](#).

I, _____
Agency or Facility Employer Name

Agency or Facility Physical Address (Street)

City State Zip Code

verify that _____
Agency Affiliated Applicant Name—Type or Print and Credential #

☐ is currently employed or;

☐ has an offer of employment to begin on: _____ as required by
[WAC 246-810-015](#). mm/dd/yyyy

My agency is a county, state agency, federally recognized Indian Tribe located within Washington State or has been recognized by the Secretary of Health to be able to employ agency affiliated counselors. (See [WAC 246-810-016](#) and [WAC 246-810-017](#))

Signature of employer or designated/authorized employee Date (mm/dd/yyyy)

Send document to the above address.

Please call 360.236.4700 if you have questions regarding this form.